FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT *CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000022500

1. Corporation Name

Principal Place of Business	Mailing Address	
9070 Monaco Blyd. Delray Beach Fl 33446	10895 TEA OLIVE LANE BOCA RATON FL 33498	

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90015 042 ***158.75

	DURHAN	I'S SPIN & DRY, INC.							
P	rincipal Place	of Business	Mailing Address					O JEGIŲ LIDŲS BLIDS	881)1 18 11 1881
6070 MONACO BLVD. 10895 TEA OLIVE LANE									
DELRAY BEACH FL 33446 BOCA RATON FL 33498									
							DO NOT WRITE IN THE	S SPACE	·
_					_		3. Date Incorporated or Qualifed 03/10/1998		
2.	Principal Pl	ace of Business	2a. Mailing Address				4/FEI Number (16)	├	plied For
21							W308 78430		ot Applicable
_	Suite, Apt.	├ ──					5, Certifcate of Status Desired	\$8.75 / Fee Re	
22	00 000	27							<u> </u>
_	City & State)	City & State				6. Election Campaign Financing	\$5.00 Added	
23	71-	Country	Z ip	Counti		 -	Trust Fund Contribution		to rees
-	Zip	25	29 3	_	y		 This corporation owes the current year In Personal Property Tax. 	itangible ☐ Yes	□No
24		9. Name and Address of Cur		-U			10. Name and Address of New Registered		
<u></u>		5. Name and Address of Out	Ten registered rigorit	8	1 Na	me	70: 112.112 2.12 1.12 1.12		
	DUR	HAM, ANNETTA							
6070 MONACO BLVD.				8	2 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		•
	DELF	RAY BEACH FL 33446	•	8	3				
					<u> </u>		·		
				8	4 Cit	У	FI	[85] Zip	Code
-	I Pursuant t	on the provisions of Sections 607.	0502 and 607 1508. Florida Statutes	the abo	ve-nar	ned corno	oration submits this statement for the nurnose o	f changing its	registered
∣'	office or re	agetered agent or both in the St	ate of Florida. Such channe was aut	nonzed h	v me c	orporatio	on's board of directors. I hereby accept the appo	intment as re	gistered
	agent. I ar	n familiar with, and accept the ob	ligations of, Section 607.0505, Florid	ia Statute	es.				
S	IGNATURE	Signature, typed or printed name of registered	agent and title if agolicable. (NOTE: R	egistered Ag	ent signa	ture required	when reinstating) DATE		
1:			AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
-	LE	D	☐ DELETE	1,1 TITLE		T		☐ Change	Addition
NA.	ME	DURHAM, ANNETTA		1.2 NAME					
ST	REET ADDRESS	10895 TEA OLIVE LANE		1.3 STREET AL		ess			
1	Y-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-ST-ZIP		- 1			
-	LE	0	☐ DELETE	2.1 TITLE				Change	☐ Addition
NA.	ME	DURHAM, CHARLES L		2,2 NAME					
ST	REET ADDRESS	10895 TEA OLIVE LANE		2.3 STRE	ET ADDR	ESS			
cr	ry-st-zip	BOCA RATON FL 33498		2.4 CITY	ST-ZIP	-			
	lE		☐ DELETE	3.1 TITLE				☐ Change	Addition
N/A	ME			3.2 NAME -		· .			
ST	REET ADDRESS			3.3 STREET AD		ESS			Ì
CI.	TY-ST-ZIP		_	3.4. CITY-ST-ZIP					
TIT	l.E		☐ DELETE	4.1 TITLE				☐ Change	Addition
N/A	ME			4. 2 NAME					,
ST	REET ADDRESS			4.3 STRE	ET ADOR	ESS .			
CI	Y-ST-ZIP			4.4 CITY-ST-ZIP				.,	
TIT	LE T		☐ DELETE	5.1 TITLE		-		Change	Addition
N.A	ME			5.2 NAME					
ST	REET ADDRESS			5.3 STREET		ESS			
СГ	Y-ST-ZIP			5.4 CITY-ST-Z		-			
TIT	le		☐ DELETE	6.1 TITLE		1		Change	Addition :
NA.	ME			6.2 NAME		-			
ST	STREET ADDRESS 6.33			6.3 STRE	ET ADDR	ESS			
					ST-ZIP	1			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attrichment with an address, with all other like empowered.

SIGNATURE: